

Strategies for with effectiveness is low or uncertain *The effectiveness of these strategies is low or uncertain and often depends on other factors. Combining them with other strategies is recommended.*



STRATEGIC POSITIONING

Choosing to be top or bottom depending on your HIV status and your partner's status, based on the notion that the bottom is more at risk than the top

Description

- Strategic positioning consists of adapting the sexual position you take (top or bottom) when your partner's HIV status is different from your own or unknown.
- The idea is that since the top is at less risk of contracting HIV during anal sex without a condom, the HIV-positive partner (or the person whose status is unknown) will be the bottom and the HIV-negative partner will be the top.
- Strategic positioning may also be used by¹
 - an HIV-negative individual who reduces his risk by always being the top regardless of his partner's HIV status
 - an HIV-positive individual who always and intentionally chooses to be the bottom to protect his partners.¹
- Another form of strategic positioning consists of using condoms only when you are the bottom (condom positioning).²
- Strategic positioning does not protect against the transmission of other STIs.

Effectiveness

- The few studies that have assessed the effectiveness of strategic positioning have not produced convincing results.²⁻³
- In one study, the number of HIV infections among men who practiced strategic positioning was similar to that among men who always wore condoms.⁴ However, the results of one study are not sufficient to draw any clear conclusions about the effectiveness of this strategy.
- It's true that in theory the risk of transmission is lower for the top than the bottom.⁴ According to some studies, risk for the top varies from between 1 infection in 625 exposures to 1 in 1667 whereas for the bottom, it varies from between 1 in 70 to 1 in 200.⁵
- However, there is still some risk. Cases of seroconversion have been reported among MSM who have anal sex without a condom as a top.^{4,6}

Acceptability

- In the *Mobilise!* survey among men who have sex with men in Montreal, half (52%) of respondents knew about strategic positioning as a risk reduction strategy.⁷
- In a cross-Canada study, 11% of men thought strategic positioning was effective and 89% felt it wasn't.⁸
- In an American study, 33% of HIV-negative participants said they had planned to use strategic positioning as a prevention strategy, but only 19% of them had carried it out. Among HIV-positive participants, 41% said had planned to use this strategy and 39% of them had carried it out.⁹
- In a study of MSM who reported having had sex anal sex without a condom, 25% said they practiced strategic positioning.¹⁰
- Some individuals use strategic positioning as a replacement for serosorting.¹¹
- Advantages of using strategic positioning:
 - Not using condoms during anal sex can enhance sexual pleasure and intimacy.¹²
 - Creates a sense of security and reduces risk for the person who is top.¹³
 - Does not require use of a service.

- No costs are involved.
- Disadvantages of using strategic positioning:
 - Does not protect against other STIs, which can themselves increase the possibility of HIV transmission.^{9,13}
 - Requires that you know your own HIV status.
 - Requires that you know your partner's HIV status, which implies:
 - being comfortable about asking him
 - being sure that he really knows his status (taking the window-period and recent risk-taking into account). The strategy is not effective if you simply take your partner's status for granted.
 - Requires that you know both your own and your partner's HIV status, meaning you need to feel at ease to ask for this information and confirm its accuracy (taking into account the window period and recent risky activities). Seropositioning will not be an effective strategy if you simply take for granted that you know your partner's HIV status.
 - Requires you to have a discussion with your partner in which you agree on which positions to adopt, meaning you need to be able to communicate and assert yourself.
 - May be difficult to maintain on a day-to-day basis and to adopt a sexual position that may not suit you all of the time. This may cause feelings of sexual dissatisfaction.¹³

References

1. Mitchell, J. W. (2013). HIV-Negative and HIV-Discordant Gay Male Couples' Use of HIV Risk-Reduction Strategies: Differences by Partner Type and Couples' HIV-Status. *AIDS Behaviour*, *17*, 1557–1569.
2. Vallabhaneni, S., Li, X., Vittinghoff, E., Donnell, D., Pilcher, C. D. & Buchbinder, S. P. (2012). Seroadaptive Practices: Association with HIV Acquisition among HIV-Negative Men Who Have Sex with Men. *PLoS ONE*, *7*(10), e45718.
3. Philip, S. S., Yu, X., Donnell, D., Vittinghoff, E., & Buchbinder, S. (2010). Serosorting is associated with a decreased risk of HIV seroconversion in the EXPLORE Study Cohort. *PLoS One*, *5*(9).
4. Jin, F., Crawford, J., Prestage, G.P., Zablotska, I., Imrie, J., Kippax, S. C., . . . Grulich, A. E. (2009). Unprotected anal intercourse, risk reduction behaviours, and subsequent HIV infection in a cohort of homosexual men. *AIDS*, *23*(2), 243-252.
5. Agence de la santé publique du Canada. (2012). *Risque de transmission du VIH: Sommaire des données scientifiques*. Retrieved from <http://www.phac-aspc.gc.ca/aids-sida/publication/hivtr-rtvih-fra.php>
6. Jin, F., Prestage, G. P., Ellard, J., Kippax, S. C., Kaldor, J. M., & Grulich, A. E. (2007). How homosexual men believe they became infected with HIV: The role of risk-reduction behaviors. *Journal of Acquired Immune Deficiency Syndrome*, *46*, 245-247.
7. Projet MOBILISE!. (2017). *Tri à plat des données de l'enquête MOBILISE!* (internal document).
8. Appel aux hommes Canada. (2013). Rapport technique. Retrieved from <http://www.malecall.ca/technical-report/>
9. McFarland, W., Chen, Y-H., Nguyen, B., Grasso, M., Levine, D., Stall, R., . . . Raymond, H. F. (2012). Behavior, intention of chance? A longitudinal study of HIV seroadaptive behaviors, abstinence and condom use. *AIDS Behaviour*, *16*, 121-131.
10. Dubois-Arber, F., Jeannin, A., Locicero, S., & Balthasar, H. (2012). Risk reduction practices in men who have sex with men in Switzerland: Serosorting, strategic positioning, and withdrawal before ejaculation. *Archives of Sexual Behaviour*, *41*, 1263-1272.
11. Parsons, J. T., Schrimshaw, E. W., Wolitski, R. J., Halkitis, P. N., Purcell, D. W., Hoff, C. C., & Gomez, C. A. (2005). Sexual harm reduction practices of HIV-seropositive gay and bisexual men: serosorting, strategic positioning, and withdrawal before ejaculation. *AIDS*, *19*(S1), S13-25.
12. Grace, D., Chown, S. A., Jollimore, J., Parry, R., Kwag, M., Steinberg, M., . . . & Gilbert, M. (2014). HIV-negative gay men's accounts of using context-dependent sero-adaptive strategies. *Culture, Health & Sexuality*, *16*(3), 316-330.
13. Projet MOBILISE!. (2017). *Données issues des équipes citoyennes de projet MOBILISE!* (internal document).